National Library of Canada
Canadian Theses Service
Ottawa, Canada
K1A 0N4

Bibliothèque nationale du Canada
Service des thèses canadiennes

## NOTICE

The quality of this microform is heavily dependent upon the quality of the original thesis submitted for microfilming. Every effort has been made to ensure the highest quality of reproduction possible.

If pages are missing, contact the university which granted the degree.

Some pages may have indistinct print especially if the original pages were typed with a poor typewriter ribbon or if the university sent us an inferior photocopy.

Previously copyrighted materials (journal articles, published tests, etc.) are not filmed.

Reproduction in full or in part of this microform is governed by the Canadian Copyright Act, R.S.C. 1970, c. C-30.

## AVIS

La qualité de cette microforme dépend grandement de la qualité de la thèse soumise au microfilmage. Nous avons tout fait pour assurer une qualité supérieure de reproduction.

S'il manque des pages, veuillez communiquer avec l'université qui a conféré le grade.

La qualité d'impression de certaines pages peut laisser à désirer, surtout si les pages originales ont été dactylographiées à l'aide d'un ruban usé ou si l'université nous a fait parvenir une photocopie de qualité inférieure.

Les documents qui font déjà l'objet d'un droit d'auteur (articles de revue, tests publiés, etc.) ne sont pas microfilmés.

La reproduction, même partielle, de cette microforme est soumise à la Loi canadienne sur le droit d'auteur, SRC 1970, c. C-30.

NL-339 (r. 88/04)

Canada

THE UNIVERSITY OF ALBERTA

# The Stress Symptomology and Irrational Beliefs of Child Care Workers

by

Jo-Anne M. Kershaw

(C)

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH

IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF

Master of Education in Counselling Psychology

Department of Educational Psychology

EDMONTON, ALBERTA

Fall, 1987

Permission has been granted to the National Library of Canada to microfilm this thesis and to lend or sell copies of the film.

The author (copyright owner) has reserved other publication rights, and neither the thesis nor extensive extracts from it may be printed or otherwise reproduced without his/her written permission.

L'autorisation a été accordée à la Bibliothèque nationale du Canada de microfilmer cette thèse et de prêter ou de vendre des exemplaires du film.

L'auteur (titulaire du droit d'auteur) se réserve les autres droits de publication; ni la thèse ni de longs extraits de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation écrite.

ISBN 0-315-40872-3

THE UNIVERSITY OF ALBERTA

**RELEASE FORM**

NAME OF AUTHOR: Jo-Anne M. Kershaw

TITLE OF THESIS: The Stress Symptomology and Irrational Beliefs of Child Care Workers

DEGREE: Master of Education in Counselling Psychology

YEAR THIS DEGREE GRANTED: Fall, 1987

Permission is herby granted to THE UNIVERSITY OF ALBERTA LIBRARY to reproduce single copies of this thesis and to lend or sell such copies for private, scholarly or scientific research purposes only.

The author reserves other publication rights, and neither the thesis nor extensive extracts from it may be printed or otherwise reproduced without the author's written permission.

Jo-Anne Kershaw

(Student's signature)

148 Great Oaks II

(Student's permanent address)

Sherwood Park Alta.

Date: October 8 ...1987

THE UNIVERSITY OF ALBERTA

FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research, for acceptance, a thesis entitled The Stress Symptomology and Irrational Beliefs of Child Care Workers submitted by Jo-Anne M. Kershaw in partial fulfilment of the requirements for the degree of Master of Education in Counselling Psychology.

Peter Balderson

Supervisor

K. L. Ward

J. G. Paterson

Date October 6, 1987

## ABSTRACT

This study was an investigation of stress symptomology as it was related to certain demographic variables, work attitudes, and irrational beliefs of Child Care Workers.

Fifty Child Care Workers completed a three part computer coded questionnaire. The first part required workers to respond to questions such as age, sex, years of experience in the field, and level of education. On the second part of the questionnaire workers indicated their belief in statements reflecting their attitudes toward work and feelings of stress. The third part of the questionnaire was a ten item irrational beliefs measure. Data were analyzed using the Statistical Package for the Social Sciences.

Both age and sex of the respondents were significantly related to stress symptomology. Females and young Child Care Workers reported the highest symptoms of stress. Work-related variables which correlated significantly with stress symptomology included: relationship with residents, relationship with co-workers, relationship with supervisor, work demands, work schedule, and opportunity for career advancement. A positive correlation of .47 was also found between reported symptoms of stress and the irrational beliefs measure.

## ACKNOWLEGMENTS

My thanks and appreciation go out to several people who have aided and supported me during the writing of my thesis. First, I would like to thank my husband, Bob, for his patience, humour, and encouragement throughout the past four years while I completed my master's degree. Secondly, I would like to thank all of the Child Care Workers who took time off from their busy schedules to respond to the questionnaire for this study. Finally, my thanks go out to Dr. Peter Calder for enduring my "fits and starts" and guiding me through to the completion of this thesis; to Dr. John Paterson for believing in my ability and for his willingness to sit on the thesis committee; and to Dr. Ken Ward for his invaluable input and reading of this text.

TABLE OF CONTENTS


| Chapter | Page |
|---|---|
| I. Introduction | 1 |
| General Statement of Problem | 1 |
| Purpose of the Study | 4 |
| Overview of the Thesis | 4 |
| Limitations of the Study | 5 |
| II. Literature Review | 6 |
| Stress Defined | 6 |
| Occupational Stress | 11 |
| Stress and Human Service Workers | 14 |
| Irrational Beliefs and Stress | 20 |
| Summary | 27 |
| III. Methodology and Design | 28 |
| Sample and Procedure | 28 |
| Questionnaire | 29 |
| Research Questions | 32 |
| Data Analysis | 33 |

IV. Results ..... 34

Research Questions Tested ..... 34

Summary ..... 41

Other Findings ..... 41

Summary ..... 53

V. Discussion, Recommendations for Further Research, and Conclusions ..... 55

Discussion ..... 55

Recommendations for Further Research ..... 58

Conclusions ..... 59

REFERENCES ..... 61

APPENDIX ..... 72

LIST OF TABLES


| Table | Description | Page |
|---|---|---|
| TABLE I | Percentage responses to general symptoms of stress | 36 |
| TABLE II | Pearson product-moment correlations for work related variables found to be significantly associated with symptoms of stress | 40 |
| TABLE III | Mean scores, standard deviations, lowest and highest scores for responses to work related variables | 49 |
| TABLE IV | Percentage responses to irrational beliefs variable | 50 |
| TABLE V | Peason product-moment correlations among work related variables and between work work related variables and a measure of irrational beliefs | 52 |

# I. INTRODUCTION

## General Statement of Problem

Child Care Workers are involved in the care and treatment of emotionally and behaviorally disturbed children and youth. Research articles have addressed the need for greater focus on professionalization of the field to improve the status of workers and ensure quality care through improvements in education and employment standards (Beker, 1976,; Helmer & Griff, 1977; Berube, 1984). The desire for professionalization emerged out of cicumstances such as low status, low pay and limited opportunities for promotion for Child Care Workers (Beker, 1976). Berube (1984) suggests it is these kinds of conditons, including lack of power and autonomy and poor education and training, which lead to high yearly turnover rates in Alberta. Effective treatment programs cannot be realized where high turnover rates exist: "The impact of the child care model of treatment depends on the development of trusting relationships and the provision of security and predictability in the usually disorganized lives of children in care." (Berube, 1984, p. 3) In order for the field to have and maintain a professional image, a force of mature workers must develop. It may be, however, that in addition to factors listed above, mature workers are being lost to the field due to high levels of stress (Shannon & Saleeby, 1980).

Concern over stress coincides with recognition of the need

for professionalization. As the field of child care focuses on professionalization, there is increasing concern over levels of stress to which workers are exposed. "Many ... are either lost to the field or have their effectiveness greatly diminished because of physical and psychological exhaustion that arises from the essential structure of child care work."(Mattingly, 1977b, p.127)

Studies of mental health professionals indicate stressors inherent to the field are many and varied. Barrett and McKelvey (1980) list sources of stress in terms of recent events and ongoing conditions at, and away from, the workplace. Sanow and Krahmer (1983) state there is little agreement about what causes stress, but suggest variables range from the nature of the work and type of client to administrative and organizational-structural features. Helping professionals are particularly susceptible to these stressors because they are "... fighting a battle on three fronts: trying to cure the ills of society, meeting the needs of the recipients and trying to meet personal needs." (Townley & Thornberg, 1986, p.37-38)

Much of the research on stress focuses on the helping professional in general, while relatively few are specific to child care (Townley & Thornberg, 1986; Mattingly, 1977). In workshops, Child Care Workers have confirmed they suffer from symptoms - behavioral, affective, cognitive, and physical - of stress and have sought help to deal with these (Shannon & Saleeby, 1980). Insufficient time away from stressful jobs, confusing

rules, poor social support networks and job expectations are a few conditions discussed in the research as affecting levels of stress in the helping professional (Shannon, 1980; Freudenberger, 1977).

Stress can lead to burnout, an occupational hazard which contributes significantly to high staff turnover (Ross, 1984). In 1983, the rate of turnover of Child Care Workers in Alberta was higher than in all other mental health and social service professions (Berube, 1984). In order to clearly understand the phenomenon of stress and burnout in child care, more research is called for in terms of the scope, degree and stages of the problem (Mattingly, 1977b).

The degree to which helping professionals entertain self-limiting irrational beliefs may have implications for their perceived level of stress. Albert Ellis (1962) suggests an enormous amount of emotional pain, suffering and misery is fabricated by the semantic methods individuals use to express thoughts about day to day events in their lives. Irrational beliefs are seen as contributing "to inappropriate or ineffective emotional and behavioral responses, resulting in increased and possible ongoing pain." (Ostby, 1985, p.30) A review of the literature reveals that much of the current research into irrational beliefs focuses on depression, anxiety and nonspecific *mood disorders (Zarawski & Smith, 1987; Deffenbacher, 1986; Cash,* Rimm, & McKinnon, 1986). No research is available on irrational beliefs as mediators of the stress response specifically.

In order to effectively deal with the problem of stress in child care, one must have precise information about it's prevalence and nature. Knowledge of the cognitive methods by which workers mediate stress-producing stimuli also has implications for treatment.

## Purpose of the Study

The primary purpose of this study was to investigate the relationship between reported levels of stress and certain demographic and work-related variables in the field of child care. It included an examination of the relationship between reported levels of stress and a variable measuring irrational beliefs.

## Overview of the Thesis

This study was conducted in May and June, 1987. Fifty front-line Child Care Workers voluntarily completed a questionnaire in which they were asked to reveal their beliefs in statements reflecting work attitudes, stress symptomology, and irrational thought processes. The questions and statements were computer coded, then analyzed using the Statistical Package for the Social Sciences (SPSSx).

The stress symptomology experienced by Child Care Workers was the major focus of the study. Therefore, hypotheses were generated according to reported levels of stress and the relationship of demographic variables, work attitudes, and

irrational thoughts to stress. Other findings were included as an adjunct to the results of the study.

## Limitations of the Study

Limitations of this study were related to sample size, randomness of questionnaire distribution, and participant truthfulness and accuracy in completing the questionnaire. The size of the respondent population was limited, making generalizations to the field difficult. Effort was made to distribute questionnaires randomly within various agencies, however the investigator did not monitor incoming questionnaires to ascertain their origin. Results could therefore be distorted through participation of more staff in one agency than in another. It was assumed that respondents answered truthfully and were knowlegeable on how to use the computer scoring forms.

## II. LITERATURE REVIEW

### Stress Defined

The term 'stress' originates in the field of physics where it refers to "any strain, pressure, or force applied to a system." (Everly & Rosenfeld, 1981, p.3) The force is a 'stressor,' or cause of the problem which results in a stress reaction (Lowe & Northcott, 1986). In people stress is a reaction or response to "any demand of a physical or psychological nature encountered in the course of living ..." (Lowe & Northcott, 1986, p. 15)

Selye (1974) defines the concept of stress as "the nonspecific response of the body to any demand." (p. 14) The nonspecific nature of stress refers to the belief that it can affect any or all aspects of human biological functioning leading to any form of illness (Allan, 1983). This definition has been challenged by researchers who argue for the specificity of psychophysiological responses to stress (Mason, 1971, 1972). It is agreed however, that stress is a reaction to some environmental stimulus, real or perceived, and that the degree of psychophysiological response is dependent on the cognitive - affective reactions of the subject (Everly & Rosenfeld, 1981).

Body and mind are both involved in the response to stress-producing stimuli. Stress by itself however, refers to a physiological state. Mental conditions such as worry, anxiety, depression, or frustration are stressors which act as catalysts

which can often trigger the physiological response (Allan, 1983). The mind provides the cognition, or continuing awareness, of the presence of the stressor. The awareness, which can be in the form of any psychological conflict or excitement, serves to sustain or make one more susceptible to the stress reactions (Cooper & Payne, 1981, p.170). The body's immediate response to stress involves four closely related processes:

1. mobilization or a preparation for muscular activity;
2. an increase in energy consumption;
3. muscular action involved in producing a fight or flight response (Veninga & Spradley, 1981, p. 21).

Longterm exposure to stressors can lead to general or specific illnesses and malfunctioning of any human bodily organ (Eaton in Cooper, 1980).

The nonspecificity of the stress reaction is tied to individual differences. Everly and Rosenfeld (1981) suggest the "individual reacts to the environment in accordance with his or her own interpretations of the environmental stimuli. These interpretations are affected by such variables as personality components, status and social role behaviors." (p. 15) How one reacts to a stressor depends on one's perception, psychologically and physiologically, of that stimuli:

> Individual differences in reactions to stressors are created by a combination of endogenous and exogenous factors. The endogenous factors are generally inherited or acquired

> traits: familial characteristics or diseases, proneness to certain types of maladies or weakness of certain organs. The exogenous factors are usually various environmental conditions, including social, intellectual,and psychological elements as well as climate, physical surroundings, and nutrition (Spielberger & Saranson, 1973, p. 10).

Woodfolk and Richardson (1979) suggest stress is the product of the individual's appraisal of situations and events. The environmental stimulus is seen as neutral; the individual's cognitive appraisal of it mediates the actual stress response. Lazarus (1976) agrees that how an individual reacts to a stressful event depends on how the person perceives and evaluates the situation in terms of conflict, fustration and threat.

Stress is not always nor necessarily, a negative reaction to life's events. Quick and Quick (1984) suggest that stress is an inevitable part of life, the outcome of which can be positive depending on how the individual manages it: " ... individuals who stress themselves in the process of creative, exhaustive work may actually benefit from their self-imposed demands." (p. 9) Dobson (1982) states, "A certain amount of stress is desirable to provide us with the necessary stimulation and motivation to overcome the many obstacles which prevent us from atttaining our various goals." (p. 14)

There are two possible outcomes of stress. 'Eustress' is a healthy and positive outcome of the stress response. "It includes

the individual and organizational well-being associated with growth, flexibility, adaptability, and high performance." (Quick & Quick, 1984, p. 8) The opposite, negative and unhealthy, outcome of the stress response is 'distress.' "It includes such adverse individual and organizational consequences as cardiovascular disease and high absenteeism rates associated with illness, decay, and death." (p.8)

Seyle (1974) discusses the interrelationship of disease and distress. While every disease causes certain amounts of stress, stress can also play a role in the development of disease:

> Stressors can disrupt homeostasis in two ways: by being beyond our power of adaptability or by causing disease because there is particular weakness in the structure of our organism ... In typical diseases of adaptation, insufficient, excessive, or faulty reactions to stressors ... are at the root of the disturbance (pp. 12-13).

Dobson (1982) maintains the severity of stressful situations is determined by five factors: predictability, control, cognitive evaluation, competency and people. The more predictable a situation, and the more potential for exercising control over it, the less stressful it will be. Similarly, the way in which a situation is perceived (cognitive evaluation), an individual's assessment of their own competency in the situation, and the reactions of the people around them can also determine the severity of the stress response.

Stress develops in people whenever survival is at stake. In contemporary society, stress is not necessarily associated with physical survival. Speilberger and Saranson (1973) state, "Sitting for an exam, applying for a job, the climate of competition ... and power are some of today's criteria for success and as such can elicit physiological responses which in early man were more specific to physical survival."(p. 119)

The initial reaction to stress is often called the 'flight-or-fight' response. The bodily system, faced with conflict or threat, mobilizes for action (Yates, 1979). Both are mechanisms which the organism uses to cope with stress. Flight refers to escape. Dobson (1982) states that escape can be accomplished psychologically through daydreaming or the mental suppression of unpleasant thoughts. It can also be accomplished by physically withdrawing from a stressful situation. The fight response to stress refers to an aggressive mode of coping. "Aggression may be directed towards an object, an individual or an intstitution considered to be the source of the problem." (Dobson, 1982, p. 120)

The stress response has developed over millions of years and is similar in all mammals. According to Veninga and Spradley (1981), man's genetic makeup lead him to react to stressors in what may now be an obsolete manner. Primitive man could rid his body of stress through vigorous physical action--fight or flight. Contemporary man experiences "longterm stress because their innate

flight or fight response has been rendered ineffective ... the modern workplace allows little room for vigorous physical activity ... we must then remain inactive, never discharging the tension that has built up." (Veninga & Spradley, 1981, p. 23)

Other symptoms of the negative effects of stress include headaches, colds, backaches, gastro-intestinal disturbances, and other indicators of impaired functioning (Maslach, 1982). Behavioral changes may include increased cigarette smoking and accident proneness, while psychological effects include symptoms ranging from depression to marital discord (Quick & Quick, 1984).

This study concerns itself with the symptoms of stress reported by front-line Child Care Workers. The following section reviews research into stress as it occurs in the workplace.

## Occupational Stress

In the late 1960's and early 1970's 'stress' came to be recognized as one of the major factors threatening the quality of life at work. Golembiewski, Munzenrider, and Stevenson (1986) describe occupational stress as having two general sources: "overload deriving from too much stmulation and and challenge, and/or lassitude deriving from too little stimulation and challenge." (p. 19)

Stress is seen by many researchers as an integral and unavoidable component of work (Paine, 1982; McDonald & Doyle, 1981).

Greenberg (1980) discusses the large number of stressors inherent to work and caution that every worker will suffer from stress at one time or another. They cite common sources as low pay, shiftwork, job design and the hierarchy inherent to work organization. Research (McGrath, 1976; Dickson, 1981) shows stress can accumulate where there is ambiguity in job definition, overwhelming job demands, low participation in decision-making, and poor support from supervisors and co-workers. Stress appears to play a dual role in the workplace. While work factors can cause stress reactions, stress can also "give rise to low job satisfaction, poor job performance and impaired health (MacKay & Cox, 1979, p. 1).

The degree and intensity to which stress is felt on the job is related to individual personality and behavioral characteristics (Motowildo, Packard, & Manning, 1986). Type A personality refers to individuals who are achievement oriented and who respond to a challenge in their environment (Quick & Quick, 1984). The pattern is usually provoked by stress in the individual's environment. Research shows these individuals to be almost twice as prone to coronary disease than their equally intelligent Type B couterparts who approach challenges in a more measured manner (Ivancevich & Matteson, 1984). Research on the relationship between stress and Type A behavior is however, ambiguous. In a study of 2010 males in various professional and non-professional occupations, no relationship was found between

Type A behavior and work-specific behavioral correlates as well as physiological correlates of stress (Caplan, Cobb, French, Harrison, & Pinneau, 1985).

Petrie and Rotherman (1982) studied the stress reactions and coping mechanisms of firemen and discovered personality characteristics such as high self-esteem and personal assertiveness to be associated with low levels of stress. Other researchers emphasize the relationship between locus of control and stress, suggesting individual's who feel they have some control over the negative or positive events in their life (internal locus control) are less susceptible to stress (Johnston & Saranson, 1978; Fuqua & Couture, 1986).

Individual personal characteristics such as sleep patterns and family responsibility also affect the degree of stress experienced in any one particular job. "For example, an individual who had an abundance of energy and low sleep requirement ... might find the occupational activities of an entrepeneur ... gratifying ... another individual might find entrepeneurial work ... stressing." (Quick & Quick, 1984, p. 20)

A major category of stressors at work is associated with the organizational role an individual asumes. "Roles are typically defined in terms of the behavioral expectations that various individuals and groups of individuals communicate to an individual at work." (Quick & Quick, 1984, p. 24) McGrath (1976) suggests stress is possible in a situation where job demands exceed or

complicate the individual's ability to meet them. Role conflict occurs when one behavioral expectation makes it impossible to execute another (Quick & Quick, 1984). Role ambiguity occurs when there is unclear or confusing information making it difficult to fulfill job expectations (Van Sell, Brief, & Schuler, 1981).

Stout and Posner (1984) examined the relationship between stress, role ambiguity and role conflict, correlating these with measures of job satisfaction. In a sample of 138 direct service workers employed in various mental health professions they found significant correlations between stress, role ambiguity, and job satisfaction. Glowinowski and Cooper (1985) cite research which suggests both role ambiguity and role conflict to be major sources of stress.

The occupational category into which a job falls is a major determinant of the amount and type of stress a worker experiences (French, Caplan, & Harrison, 1982; Quick, 1984). This study deals primarily with the stressors inherent to child care work. The following section reviews stress in the mental health field with emphasis on the Child Care Worker.

## Stress and Human Service Workers

Human Services Workers deal with the day-to-day social, emotional and physical difficulties of other people. Farmer, Monahan and Hekeler (1984) claim stress is a "by-product of the imprecise goals and and complexity of the Human Service systems." (p. 43)

Much of the research into stress in human service fields has been conducted under the heading 'burnout' (Barrett & McKelvey, 1980; Daley, 1979; Maslach, 1982). It is a term which originally rose out of the degree to which occupational stress is faced by those employed in professions where there is considerable human interaction (Nagy 1985). The rest of this section will therefore focus on the review of stress in these fields with emphasis on the more abundant literature pertaining to burnout.

The symptoms of burnout can be experienced as physical distress, emotional discomfort, and/or cognitive fatigue (Sanow & Krahmer, 1983). Freudenberger (1975) describes it's physical symptoms as including feelings of exhaustion and fatigue, feeling run down, or simply being unable to shake a cold. He states work stress and burnout can also lead to frequent headaches and gastro-intestinal disturbances possibly accompanied by loss of weight, sleeplessness, depression, and shortness of breath. Maslach (1978) states burnout results in the loss of concern for fellow workers and clients, while Levinson (1981) expresses it's cognitive effect as involving self-criticism, cynicism, negativity, anger and irritability.

Edelwich (1980) argues that people in the helping professions are particulary vulnerable to burnout because many enter the field with unrealistic expectations. These include the beliefs that (a)

> the services they will provide will ... improve the lives of practically all their clients, (b) they will be highly

> appreciated by the employing agency and practically all clients, (c) they will be able to substantially change bureaucracies to be more responsive to clients' needs, and (d) there will be many opportunities for rapid advancement and high status. The frustrations experienced at work, and the gradual recognition that many of these expectations are unrealistic are contributing factors to stress and burnout (Zastrow, 1984, p. 142).

Farmer, Monahan, and Hekeler (1984) interviewed 73 workers in various public and private agencies asking them to evaluate significant job sources of stress. Thirty-five stressors were rated for the degree to which each contributed to unproductive stress. The top five contributors were: magnitude of workload, demands of the workplace, conflicting demands, administrative ambiguity, and overinvesting in clients. The most crucial predictors of stress and ill health identified in a study by Spillane (1980) were (1) the degree of control people have over their work situation, and (2) their chances to influence decisions and conditions which affect them.

McCulloch and O'Brien (1986) support the above assumption that organizational features of one's work-place have greater bearing on stress and burnout than does one's psychological makeup. They found that workers experiencing burnout perceived there was little support from both their supervisor and their work environment. These workers consequently were less committed to

their jobs. In a study by Weinberg, Edwards, and Garove (1983) of burnout among employees of a residential facility for the developmentally disabled, over-committment, conflicting demands, administrative hassles, and bureaucracy were some of several correlates of burnout.

Murphy and Pardeck (1986) suggest it is not enough to look at the role of organizational factors in burnout. They recommend researchers pay closer attention to the types of management-worker relationships that exist in social service agencies. These authors argue that too often laissez-faire or authoritarian approaches to management stifle worker motivation and contribute to burnout.

> When organizations are identified as facilitating burnout, they are thought to do this by stifling communication, defining roles ambiguously, and discouraging job flexibility. Accordingly, work relations deteriorate, personal growth is inhibited, support amoung workers weakens, and in general, job satisfaction declines (Murphy & Pardeck, 1986, p. 37).

Clients are also a factor in determining staff burnout (Maslach, 1978). Savicki and Cooley (1983) explored this relationship in 94 mental health workers across 10 different agencies. The workers included mental health specialists, psychologists, nurses, psychiatrists, supervisors and administrators, paraprofessionals, and child-youth workers. They found workers with higher client contact and more involvment in

teamwork were less susceptible to burnout than those with less client contact who work relatively independently and have greater amounts of paperwork. They suggested it is not so much the degree of client contact, but the differing demands of the various jobs, which contributes to burnout.

Maslach (1978) feels that intense involvment with clients provokes a great deal of emotional stress. The degree to which stress is experienced by the workers, she postulates, depends on the "type and severity of the clients' problems, the prognosis of change or cure, the degree of personal relevance of the clients' problems for the staff member, the rules governing staff-client interaction, and the clients' reactions to the staff themselves." (p. 111)

Stress obviously plays a role in the work of human service professionals regardless of their various work titles or job roles. The following review highlights the literature on stress as it applies more specifically to Child Care Workers.

Front-line Child Care Workers have a great deal of contact with the children or youths in their care. Their job expectations are not unlike those of other human service workers, being required to complete assigned paperwork, spend time with clients, attend meetings and so on.

Mattingly (1977b) says stress is unquestionably a part of child care work. Child Care Workers, she suggests, are generally dedicated to assisting children in need. However, "an inherent

and stress-producing conflict exists between the worker's need and requirement to give and the reality that he can never give enough." (p. 28) The worker's need to feel successful is also thwarted by the limited time a child spends in treatment due to changes in agency funding, family circumstances, transfers to more specialized programs, or other similar circumstances.

Barrett and McKelvey (1980) list several stressors pertaining to the field of child care. Client-related stressors include emergencies, entering 'at-risk' situations, planned and unplanned separation from client, and client regression to name a few. They also list several organization-related stressors, some of which include major changes in policies and procedures, staff changes and referendums which affect salary, budget and/or staff reductions. Other stressors are discussed by these authors and indicate the need for ongoing stress management programs to help the worker cope with unavoidable stress and limit unnecessary stress.

Recent research has placed greater emphasis on the job satisfaction of Child Care Workers than on stress. It would be reasonable to assume however that job satisfaction correlates with work-related stress. Kreuger (1981) lists ten variables proven to be strong predictors of job satisfaction and organizational commitment amongst Child Care Workers. Among these are involvment in decision-making, salaries, type of agency, and work schedule. McClelland (1986) reviewed studies of job satisfaction of Child

Care Workers and found pay and benefits, working conditions, relationships on the job, perception of control, advancement, and interaction with children to be associated with job satisfaction.

Several of the above predictors of job-satisfaction were examined in the present study. Their relationship to stress is reported in the results section of this thesis.

Work-related factors have significant impact on the degree to which human service professionals experience stress. Little consideration has been given to the role that individual's patterns of thinking about their difficulties, plays in producing stress. The following section reviews the literature on irrational beliefs, relating it to the development of stress.

## Irrational Beliefs and Stress

The basic assumption underlying Rational Emotive Theory (RET) is 'we feel what we think': "Thus if individuals change the manner in which they think about an event, they will most likely feel differently about it and may alter the way they behaviorally react to it." (Walen, DiGiuseppe, & Wessler, 1980) According to Albert Ellis (1977), the originator of RET, man is a uniquely rational and irrational being. Ellis suggests irrational thoughts are cognitive processes which can cause an individual to behave irrationally. Man, he says, can rid himself of most of his emotional and psychological disturbances if he can change his way of thinking from the irrational to the rational.

Rational Emotive Theory assumes that, given the lack of an empirical basis for man's existence in the universe, human living is to be enjoyed as long as possible (Bard, 1980; Ellis, 1962, 1977). Secondly, since many influences on life's events are beyond a person's control, that part of life will be inescapably painful (Bard, 1980). RET therefore suggests:

> The quality of mental health is measured in terms of the extent to which individual's exercise those powers which they do possess to fulfill the avowed purpose of living, i.e. achieve as much enjoyment as possible for as long as possible in a world which imposes more or less inescapable frustration (Bard, 1980, p. 18).

Rational thinking is seen as a method through which good mental health, and thus a better quality of life, can be sustained.

RET is a cognitive theory which contains behavioral components. Ellis (1962, 1973, 1977) expresses his theory in terms of an A-B-C approach to thinking and behavior. When an action or activity occurs that the individual feels disturbed about (A), he may have a rational, realistic belief (rB) or an irrational, innappropriate belief (iB) about it. Rational beliefs are appropriate to the reality that is occurring; irrational beliefs are not. A rational belief will be followed by an experience of rational or reasonable consequences (rC), while irrational beliefs will be followed by irrational or inappropriate consequences (iC). The individual's irrational beliefs "state or

imply a 'should,' 'ought,' or 'must'--an absolutistic 'demand' or 'dictate' that the individual obtain what he wants." (Ellis, 1973, p. 57) Bard (1980) explains that irrational beliefs involve distortion of content, thus individuals "may entertain false beliefs about practically anything, and their behavior will reflect these fallacies either directly or indirectly." (p. 25)

Several irrational and illogical beliefs stand in the way of an individual leading an anxiety-free life. Ellis (1977) lists eleven of these although they are by no means exhaustive.

1. The idea that it is a dire necessity for an adult human being to be loved or approved by virtually every significant other person in his community.
2. The idea that one should be thoroughly competent, adequate, and achieving in all possible respects if one is to consider oneself as worthwhile.
3. The idea that certain people are bad, wicked, or villainous and that they should be severely blamed and punished for their villainy.
4. The idea that it is awful and catastrophic when things are not the way one would very much like them to be.
5. The idea that human unhappiness is externally caused and that people have little or no ability to control their sorrows and disturbances.
6. The idea that if something is or may be dangerous or fearsome one should be terribly concerned about it and should keep dwelling

on the possibility of its occurring.

7. The idea that it is easier to avoid than to face certain life difficulties and self-responsibilities.

8. The idea that one should be dependent on others and need someone stronger than oneself on whom to rely.

9. The idea that one's past history is an all-important determiner of one's present behavior and that because something once strongly affected one's life, it should indefinitely have a similar effect.

10. The idea that one should become quite upset over other people's problems and disturbances.

11. The idea that there is invariably a right, precise, and perfect solution to all human problems and that it is catastrophic if this perfect solution is not found (Ellis, 1977, p.60-88).

Research has shown that irrational beliefs are associated with anxiety, depression, hostility and various other mood disorders (Lohr & Bonge, 1979; Zwemer & Deffenbacher, 1984; Cook & Patterson, 1986). Trait anxiety, test anxiety, fear of negative social evaluation, social avoidance and distress all have been found to correlate significantly with irrational beliefs (Himle, Thyer, & Papsdorf, 1982; Zwemer & Deffenbacher, 1984). Depression-related cognitions have been shown to be the cause, symptom, or the consequence of these irrational thoughts (Coyne & Gottlieb, 1983).

Deffenbacher, Zwemer, Whisman, Hill, and Sloan (1986) studied the irrational beliefs of a sample of 451 Introductory Psychology students. The subjects completed the Irrational Beliefs Test (IBT,

Jones, 1969) which categorizes Ellis's irrational beliefs into themes. The themes are (a) demand for approval, (b) personal perfection, (c) blame-proneness, (d) catastrophizing, (e) emotional irresponsibility, (f) anxious overconcern, (g) problem avoidance, (h) dependency, (i) helplessness, and (j) perfect solutions. They found anxious overconcern, personal perfection, catastrophizing, and helplessness were predictive of trait anxiety. Problem avoidance, anxious overconcern, and helplessness were central irrational beliefs predictive of speech anxiety.

Cook & Patterson (1986) studied the beliefs of 11 depressed female undergraduate students and 11 nondepressed female undergraduate students. They found depressed subjects tended to endorse self-deprecating beliefs to a greater degree than nondepressed subjects. Introductory students were also used in a study by Lohr and Bonge (1984) to determine the relationship between dysfunctional cognition and anxiety. Subjects completed the State-Trait Anxiety Inventory, the Dysfunctional Attitudes Scale, and the Irrational Beliefs Test. Correlations between scores on all three tests were found to be significant at the .001 level. An implication arising from this study suggests that 'irrational' and 'illogical' beliefs should not be used synonymously. "The data suggest that such terms be used more critically. 'Irrational' and 'illogical beliefs may represent subtests of a larger set of 'dysfunctional' attitudes which are associated with different affective states." (p. 194)

A study by Milford and Tobacyk (1985) tested the correspondence between the general semantic notion of intensionality and Ellis's irrational beliefs. Intensionality refers to the process by which cognitions, affects, and behaviors are influenced by the words people use. They found that intensional orientation is significantly associated with endorsement of irrational beliefs.

Madigan and Bollenbach (1986) looked at the influence of semantic mood induction statements on measurements of irrationality. They found depression mood induction increased subjects' endorsements of rigid and pessimistic statements. A similar study by Cash, Rimm, and MacKinnon (1986) found that subjects who aspoused stronger irrational beliefs were more affectively responsive to mood induction procedures than subjects espousing more rational beliefs. Rational subject's moods were more positively affected by a rehearsal of positive self statements than were irrational subjects. The authors state that these results were consistent with Ellis's proposition that "peoples mood states significantly depend upon what they believe or tell themselves." (Ellis, 1977, p. 38)

Goldfried and Sobocinski (1977), in a study of irrational beliefs and emotional arousal, reported two findings in their experiment with female undergraduate students. The subjects had tested prior to the experiment and were in the top 18% of irrational thinkers. Their general tendency to hold irrational

beliefs was positively correlated with various forms of social-evaluative anxiety, such as social, speech, and test anxiety. Secondly, individuals who strongly believed in the importance of receiving approval from others displayed greater emotional arousal (anxiety and hostility) when placed in imaginal situations in which there might be some tendency to perceive social rejection.

Nelson (1977) studied the irrational beliefs of 156 undergraduate students. They completed both the Beck Depression Inventory (1967) and the Irrational Beliefs Test (Jones, 1969). Nelson found depression to be most strongly related to high self-expectation, frustration reactivity, overconcern about possible misfortunes in the future, helplessness, and the total IBT score. These findings imply modification of cognitive therapy with depressed clients; however Nelson warns it may be difficult to generalize these findings to a clinically depressed population.

Little specific research exists on the relationship between stress and irrational beliefs. Ellis (cited in Cooper & Payne, 1978) suggests people who react poorly to stressful situations often berate and condemn themselves for their poor reactions to stress. This, Ellis reasons, causes them to "make themselves anxious about feeling anxious, depressed about their depressions, and inadequate about their lack of adequacy." (p.209) He indicates there is need for more research into stress and irrational beliefs, suggesting stressful conditions are mediated

by the perceptions and cognitions of those who react to these conditions.

## Summary

Stress affects all people at some point in their lives. It can result in minor physical discomfort or major disease and illness. As an unavoidable component of work the effects of stress vary depending on the type of occupation as well as individual personality and behavioral characteristics. Human service workers, and subsequently Child Care Workers, are particularly affected due to the nature of the conditions under which they work. Not only do working conditions give rise to stress, but so do the cognitions of the individuals reacting to those conditions. The physical effects of stress are well documented, however, the role of the mind in producing these effects has yet to be studied intensively. This study addressed the need for research in this area and explored the relationship between physical symptomology and irrational beliefs as indicators of stress in the Child Care Worker.

## III. METHODOLOGY AND DESIGN

The methodology and design employed for this study is outlined in this chapter.

### Sample and Procedure

One hundred and twenty Child Care Workers across various residential facilities for emotionally disturbed children and youth were given questionnaires to complete and return to the author prior to a specified date. Fifty workers completed and returned the questionnaires within the stipulated time limit. The rate of return was 42%, representing almost one half of the canvassed population. A 30% rate of return is a generally accepted percentage for mailed questionnaires (Isaac & Michael, 1981).

Most of the subjects came from residential centres in the Edmonton and surrounding area, while others worked in centres in Northern Alberta. The study was concerned with levels of stress reported by workers with the greatest amount of contact with residents. Only front-line Child Care Workers with more than six months of fulltime experience in the field and little or no supervisory experience were therefore asked to respond.

The Child Care Workers were approaced by the supervisors and administrators of the agency, given a brief description of the study and asked if they would be willing to fill out the

questionnaire. Subjects were given a package which included the questionnaire, computer scoring form, and instructions for filling out and returning the completed survey to the researcher (Appendix). Agency directors were also given instructions and the researcher's phone number in the event of possible misunderstandings on the part of respondents. Due to the confidential nature of many questions, respondents were asked not to put their names on the questionnaire and were provided with an envelope in which to seal and return it on completion.

**Questionnaire**

The questionnaire was composed of three parts. In part A, subjects were asked to answer demographic questions, some personal and some related to their work. Many questions provided an area for additional comments. Child Care Workers answered questions which the author hypothesized might have some relationship to reported symptoms of stress. These were:

1. Age and Sex: The author was interested in discovering if there was a relationship between age, sex and reported symptoms of stress.
2. Years of Experience: It was assumed that those who had been in the field the longest would be experiencing fewer symptoms of stress.
3. Level of Education: Workers were asked to list their level of education. It was assumed that those with the least education

would report the greatest levels of stress symptomology.

4. Income: Workers were asked to list their yearly income on the assumption that as salary increased, levels of reported stress would decrease and vice-versa.

5. Future in child care: Workers were asked how long they planned on remaining in the field of child care. It was assumed that those who were planning on leaving in the near future would be experiencing greater dissatisfaction with their jobs and therefore greater symptoms of stress.

6. Educational interest and plans: Workers were asked if they planned on continuing their education or training, and if so, what areas were of interest to them. It was assumed that those who planned to return to school would be impatient to do so and therefore be experiencing greater symptoms of stress.

7. Age of residents: Workers were asked to list what age group of children and/or adolescents with whom they work. It was supposed that different responses to work-related variables and symptoms of stress would be related to the age group of residents.

8. Employment setting and employer: Child Care Workers were asked to describe the type of setting they work in as well as whether or not they are employed by the Alberta Provincial Government. Again, it was assumed that levels of stress symptoms would vary according to employment setting and employer.

9. Leadership style of supervisor: Child Care Workers were asked to state how they perceived the leadership of their immediate

supervisor - i.e. as authoratarian, democratic, or laissez-faire. It was assumed that those who perceive their supervisor as democratic would report fewer symptoms of stress than those who perceive their supervisor as authoritarian or lassaiz-faire.

10. Use of aversive techniques: Child Care Workers were asked to give the average number of times per month they used physical restraint and isolation techniques with residents. It was assumed that those who use these techniques most often would report higher levels of stress symptoms.

Part B of the questionnaire required respondents to express their beliefs in 47 statements reflecting their level of satisfaction on eight work-related variables. Subjects recorded their answers on a general purpose computer sheet with choices arranged on a 5 point Likert scale from strongly agree to strongly disagree. Data were analyzed according to the following clusters of statements on the questionnaire:

1. Commitment to child care: items 1 - 5;
2. Relationship with residents: items 6 - 8, 35;
3. Relationship with co-workers: items 9 - 11;
4. Relationship with supervisors: items 12 - 16, 32, 33;
5. Work demands: items 17 - 24;
6. Work schedule: items 25 - 28;
7. Career advancement/use of skills: items 29 - 31, 34;
8. General symptoms of stress: items 36 - 47.

The statements for part B of the questionnaire were taken

from a study of the relationship of stress and irrational beliefs to teachers (Calder, unpublished study). To establish construct validity, three Child Care Workers completed the questionnaire and collaborated with the researcher in the clustering of statements, prior to final distribution of the questionnaire.

The measure of stress symptomology was represented by items 36 to 47. The reliability estimate obtained for this measure was 0.89. These twelve statements were correlated with the demographics, the work-related variables, and the measure of irrational beliefs.

Part C of the questionnaire consisted of ten statements reflecting the degree to which the responding Child Care Workers hold irrational beliefs. This was called the irrational beliefs variable. The irrational beliefs statements were taken from Ellis and Harper (1975). The reliability estimate obtained for this measure was 0.68.

**Research Questions**

The following questions were generated for purposes of analyzing the levels of stress Child Care Workers experience, and the relationship of certain variables to such stress.

**Research Question I** To what degree do Child Care Workers experience general symptoms of stress?

**Research Question II** Will reported levels of stress symptomology vary according to demographic differences in the respondent population?

**Research Question III** Will the stress symptomology be significantly correlated with the work related variables testedfor Child Care Workers?

**Research Question IV** Will Child Care Workers who report more general symptoms of stress will hold more irrational beliefs than those who report fewer symptoms of stress?

**Data Analysis**

The hypotheses for this study were tested using the Statistical Package for the Social Sciences Program, SPSSx (1983). To predict relationships between variables, Pearson product-moment correlations were computed. SPSSx was also employed to obtain descriptive statistics such as range, mean, standard deviation, and frequency and percentage distributions for each of the measures.

Since the significance of a correlation is determined by sample size, the criterion for significance was set at the .01 level. Therefore, a sample size of 50, as in the current study, would produce correlations significant at absolute values of .30 or better.

# IV. RESULTS

The results of this study are contained in this chapter. The finding based on the four major research questions are presented in the first section. The second section contains other findings relevant to the study but not specific to stress symptomology.

## Research Questions Tested

The research questions generated for this study were related to the general categories called demographic variables, work-related variables, and irrational beliefs variable. They were tested in terms of their relationship to reported levels of general stress symptoms.

**Researh Question I** To what degree do Child Care Workers experience symptoms of stress.

The Hoyt Estimate of Reliability for the measure symptoms of stress was 0.89. With possible obtainable scores ranging from 12 to 60, the mean score was 37.32. These findings suggest Child Care Workers experience moderate levels of stress symptoms.

An item by item analysis was also completed to provide a more accurate picture of which symptoms were reported most often and to what degree. Approximately half of the respondents indicated agreement or strong agreement to the general statement, 'I find my job tires me out.' A similar number indicated they use alcohol,

drugs, yelling, blaming, withdrawing, eating, and/or smoking as a means of relieving feelings of stress. Headaches were also experienced amongst half of the respondents. Many agreed that they often experienced stomach aches, backaches, elevated blood pressure, stiff necks or shoulders. Child Care Workers also indicated that they find themselves complaining to others. Neutral responses or disagreements were reported on statements reflecting the experience of end of the day tension, feelings of frustration or anger, worry or depression about their jobs, and feeling powerless to solve difficulties. Child Care Workers indicated they experienced physical symptoms of stress more than they experienced, or admit to experiencing, affective difficulties. A large number agreed that stress management techniques would be useful in helping them cope with the demands of the job. Table I presents the percentage of responses corresponding to each item. Items are numbered as they appear in the questionnaire.

**Research Question II** Will reported levels of stress symptomology vary according to demographic differences in the respondent population?

Age was the only demographic variable significantly correlated with symptoms of stress. A correlation of .3977 between age and symptoms of stress suggested that as age increased, reported symptoms of stress decreased. The youngest

TABLE I

Percentage of responses to general symptoms of stress variable:

| Item: | Option: 1 | 2 | 3 | 4 | 5 | Mean | S.D. |
|---|---|---|---|---|---|---|---|
| 36 | 12% | 44% | 22% | 14% | 8% | 2.62 | 1.123 |
| 37 | 6% | 14% | 50% | 24% | 6% | 3.10 | 0.931 |
| 38 | 18% | 28% | 16% | 24% | 14% | 2.88 | 1.350 |
| 39 | 14% | 36% | 16% | 16% | 18% | 2.88 | 1.350 |
| 40 | 10% | 34% | 34% | 14% | 8% | 2.76 | 1.080 |
| 41 | 10% | 20% | 36% | 26% | 8% | 3.02 | 1.097 |
| 42 | 10% | 22% | 32% | 26% | 10% | 3.04 | 1.142 |
| 43 | 4% | 8% | 26% | 46% | 16% | 3.62 | 0.987 |
| 44 | 2% | 14% | 16% | 52% | 16% | 3.66 | 0.982 |
| 45 | 14% | 44% | 28% | 4% | 10% | 2.52 | 1.111 |
| 46 | 10% | 40% | 10% | 14% | 26% | 3.06 | 1.420 |
| 47 | 0% | 6% | 12% | 42% | 40% | 4.16 | 0.866 |

N = 50
1-Strongly Agree
2-Agree
3-Neutral
4-Disagree
5-Strongly Disagree

group of workers, aged 20 to 24 years, reported the greatest stress symptomology.

Females reported more symptoms of stress than males as indicated by significantly different mean scores. The mean score for females on the symptoms of stress measure was 33.74 as compared to a mean of 39.52 for males. Both scores were moderate with respect to a possible scoring range of 12 to 60.

**Research Question III** Will the stress symptomology be significantly correlated with the work related variables tested for Child Care Workers?

Commitment to child care was unrelated to reported symptoms of stress. Pearson product-moment correlation of statisical significance were found for six work-related variables paired with general symptoms of stress. These were: relationship to residents, relationship with co-workers, relationship to supervisor, work demands, work schedule, and opportunity for career advancement/use of skills. These are reported in descending order according to the strength of the relationship:

1. Work demands: The strongest relationship to symptoms of stess was reported for the work-related variable called work demands. Those who reported more general stress symptoms were also more likely to feel that job expectations are too high, that they do not have enough time to do all that is expected of them such as balancing time spent on paperwork and time spent with residents.

These workers reported greater difficulty organizing their time. They tended to feel worse than other workers if they did not meet the demands of their job and put more sef-imposed demands on themselves to do so. Workers who reported more general symptoms of stress agreed that child care work is stressful for them, and that they are unable to express their stress to the people who put demands on them.

2. Relationship with residents: A strong relationship was found between the variables, relationship with residents, and general symptoms of stress. The more Child Care Workers reported stress symptoms, the more likely they were to report dissatisfaction with their relationship with residents. Many agreed that they find themselves feeling angry and impatient with residents' defiance and lack of motivation to change. The more workers saw residents as making their jobs stressful, the more likely they were to report suffering from general symptoms of stress.

3. Work schedule: Child Care Workers who reported greater symptoms of stress also reported greater dissatisfaction with their work schedule. They tended to find shiftwork more stressful than other workers and felt they did not have enough time off between shifts for rest and relaxation. Those who felt they work more uncompensated overtime hours than they like, reported more symptoms of stress.

4. Career Advancement/Use of Skills: Child Care Workers who felt there was not enough room for career advancement or

flexibility and creativity of child care practice reported greater symptoms of stress. They also tended to feel more inadequate in comparison to the skills of their co-workers and felt they needed more training or education to become better Child Care Workers.

5. Relationship with co-workers: Greater symptoms of stress were reported by Child Care Workers who felt their co-workers did not think they were doing a good job. They were also inclined to have disagreements with, and receive little support from, their fellow Child Care Workers.

6. Relationship with supervisor: Although most Child Care Workers indicated they were satisfied with their relationships with their supervisors, those who indicated dissatisfaction reported higher levels of stress. They felt they needed more direction in their jobs, that their supervisor does not approve of they work they do or that they could not be themselves when interacting with their supervisor. They reported more difficulty in their working relationships with their supervisors and felt the supervisor made demands which they could not meet. They indicated that they are not given enough input into decision-making, and felt that the front-line worker is not well-respected by the administrators or directors at their workplace.

Table II presents the Pearson product-moment correlations for the above variables as they were related to symptoms of stress.

TABLE II

Pearson product-moment correlations for work-related variables found to be significantly associated with symptoms of stress.

| | 'r' |
|---|---|
| Relationship with Residents | 0.632 |
| Relationship with Co-Workers | 0.353 |
| Relationship with Supervisor | 0.348 |
| Work Demands | 0.646 |
| Work Schedule | 0.575 |
| Opportunity for Career Advancement/Use of Skills | 0.359 |

**Research Question IV** Will Child Care Workers who report moregeneral symptoms of stress hold more irrational beliefs than those who report fewer symptoms of stress?

The Pearson product-moment correlation between general symptoms of stress and irrational beliefs was 0.478. Overall, Child Care Workers held few irrational beliefs. For those who did, a positive relationship between reported symptoms of stress and agreement with irrational beliefs was found. That is, Child Care Workers who reported greater symptoms of stress reported greater belief in the irrational statements on the questionnaire.

**Summary**

Child Care Workers reported experiencing general symptoms of stress. these symptoms were significantly related to the age of the worker, several work-related variables, and the irrational beliefs variable.

**Other Findings**

This section includes descriptive analyses of the variables and reports on significant correlations between variables which were not specifically related to the general symptoms of stress variable.

Analysis of Variables

This section notes subjects responses to demographic

variables, work-related variables and the irrational beliefs variable.

1. Demographic Variables:

i. Age and Sex The average age of Child Care Workers surveyed was 28.9. The female group of respondents was slightly younger than the males who had an average age of 29.9. Forty percent of respondents were between 26 and 30 years of age. More males responded to the survey at a ratio of 1.6 males for every female, representing averages of 62% and 38% respectively. The fact that more males responded may suggest that more males are currently employed in the field.

ii. Years of Experience Forty-three percent of respondents had between two and five years of experience as Child Care Workers, while 37% reported having five to ten years of experience. Sixteen percent had only six months to two years of experience, while only 4% had been in the field more than ten years. None of the respondents had more than 15 years of experience. The average number of years experience held by this sample of Child Care Workers overall was 4.4 years. Males had slightly more experience, at a 5.0 year average, than females with 3.8 years experience. This information may suggest that males remain front-line workers longer than females do, or that females spend less time in the field than do males.

iii. Level of Education Child Care Workers were asked to list

their highest level of training or education. Most respondents (48%) listed having a university undergraduate degree, while 26% had college diplomas. The rest had high school diplomas with credits in some college or university courses. Many respondents did not indicate their university or college majors. Those who did specified degrees or diplomas in the social sciences, such as B.A.(Psychology), B.A.(Sociology), Social Service Worker and Child Care Worker Diplomas.

iv. Income Respondents earned an average of approximately $23,000 per year. Most salaries (88%) ranged from $18,000 to $26,000. Those who made less than $20,000 either had very little experience or worked in a private group home setting. Only 10% of the sample population made more than $26,000 per year. Each of these workers had more than five years of experience in the field.

v. Future in Child Care Child Care Workers were asked how long they planned to remain in the field. Many respondents (33%) were unsure, while 24% indicated they would like to remain for two to five more years. Sixteen percent said they would like to remain in the field for more than five years, while 26% indicated they plan to leave within two years. If this sample of Child Care Workers is an accurate reflection of the plans of most workers in the field, then a turnover rate of at least 25% could be expected over the next two years.

vi. Educational Interests and Plans A full 92% of respondents indicated they would like to continue with their education. These

people were asked to indicate in what areas they would like to do this. Thirty-eight percent wanted to return to school for a postsecondary degree or diploma, while 21% indicated they would like to achieve at the graduate level. Others (28%) reported they would like to return to school for both a postsecondary and gaduate degree and included inservice training as an area of interest. Thirteen percent reported they would prefer to continue their training through inservice only. The high number of workers who want to continue their education may also have implications for the turnover rate over the next few years.

vii. Age of Residents Eighty-four percent of Child Care Workers surveyed worked with adolescents who ranged in age from 11 to 18 years. Not all of the respondents worked with children across the entire age group; rather 38% worked with 11 to 16 year olds and 46% worked with older adolescents up to 18 years of age. Only 16% worked with children between the ages of 6 and 11 years.

viii. Employment Setting and Employer Child Care Workers were asked to describe the setting in which they worked and to indicate whether they were employed by a private agency or the Alberta Government. Most workers (75%) described their setting as a residential treatment centre. Nine percent said they worked in a group home. Those working in residential centres however, did not indicate clearly whether their setting was of a group home nature or not. Sixty percent of respondents were government employees; 40% were employed by private agencies and organizations. It is

unlikely that these numbers accurately reflected the employment of Child Care Workers overall as more questionnaires were sent to residential treatment centres than to group homes.

ix. Leadership Style of Supervisor Child Care Workers were asked how they perceived the leadership style of their direct supervisor. For ease of response, the questionnaire defined the terms authoritarian, democratic and laissez-faire. An authoritarian supervisor was described as one who makes most decisions and delegates accordingly. A democratic supervisor was described as one who shares decision-making tasks, and a lassaiz-faire supervisor as one who gives no direct leadership. A full 72% of respondents described their supervisor as democratic, 6% as authoritarian, 8% as lassaiz-faire, and 14% as a mixture of all three. Most workers were satisfied with the leadership of their immediate supervisor.

x. Use of Aversive Techniques Child Care Workers were asked to list the average number of times per month they were involved in the use of physical restraint (holding) and isolation techniques (time out, room confinement) with the chidren or adolescents in their care. Most (52%) replied that they used physical restraint less than once per month, while 18% said they used it 1 to 2 times per month. Sixteen percent used it 3 to 5 times, 6% used it 6 to 10 times, and 8% used it more than 10 times per month. Isolation techniques were reportedly used more often. Fifty-one percent reported using isolation more than 10 times per month, 4% used

them 1 to 2 times, 12% used them 3 to 5 times, and 14% used them 6 to 10 times per month. Child Care Workers indicated that they rarely used room confinement, however figures for the use of time out ranged from never to 50 times per month, with some reporting several incidences of it's use per day. Time out is commonly used in treatment centres with emotionally disturbed children and adolescents as a least punitive way of dealing with difficult behavior. Many workers commented that their use of physical restraint varied from month to month depending on the children in care.

2. Work-Related Variables:

i. Commitment to Child Care Low raw scores on this variable indicated high commitment to child care. High scores indicated low commitment. With a mean raw score of 11.58, Child Care Workers revealed they are committed to their chosen field of work but not strongly so.

ii. Relationship with Residents High raw scores on this variable indicated good relationships with residents while low scores indicated poor relationships. Responses overall were neutral, indicating that feelings towards residents varied across the sample of Child Care Workers.

iii. Relationship with Co-Workers High raw scores suggested Child Care Workers perceive their relationships with co-workers as positive; low raw scores indicated negative perceptions of these

relationships. Scores on this variable were high, with a mean of 12.62, suggesting that as a group Child Care Workers felt positively about their relationships with their co-workers.

iv. Relationships with Supervisors High scores indicated good relationships; low scores poor relationships. With a mean of 27.20, Child Care Workers on the whole appeared to perceive relationships with their supervisors as positive.

v. Work Demands High scores on this variable indicated that the demands of Child Care Workers' jobs were not perceived as too overwhelming, while low scores indicated they were. Responses to this item were mixed resulting in an overall neutral score of 24.94. Some felt job expectations were too difficult to meet, while others felt they were not.

vi. Work Schedule A high score represented satisfaction with the present work schedule of Child Care Workers. Low scores represented dissatisfaction with the work schedule. Again, Child Care Workers responses to these items were mixed. The overall mean raw score of 13.14 indicated that individual differences in attitudes toward work schedules exist.

vii. Opportunity for Career/Use of Skills Overall the total raw score mean for this variable was 11.98. With high scores representing dissatisfaction with opportunities for advancement as provided by their places of employment, Child Care Workers responses again were mixed.

Table III presents total mean raw scores, standard deviations, and lowest and highest scores based on respones to work- related variables.

3. Irrational Beliefs Variable

The irrational beliefs variable listed ten irrational beliefs to which Child Care Workers were to respond. The overall reliability estimate for these items was 0.68. Overall Child Care Workers held few irrational beliefs. An item by item analysis indicated that Child Care Workers were more likely to agree with the first two irrational beliefs statements than to any of the other eight statements. The first two statements were:

i. The idea that you must have love or approval from all of the people that you find significant, and;

ii. The idea that you must prove thoroughly competent, adequate, and achieving.

Table IV presents the percentage of reponses to statements according to the Likert Scale. Items are numbered as they correspond with those on the questionnaire.

Correlations between Variables

The age of the responding Child Care Workers was significantly related to reported relationships with residents and to the irrational beliefs variable. With a positive correlation of .4372, older workers indicated better relationships with

TABLE III

Mean scores, standard deviations, lowest and highest scores for response to work-related variables.

| | MEAN | S.D. | LOWEST POSSIBLE SCORE | HIGHEST POSSIBLE SCORE |
|---|---|---|---|---|
| Commitment to Child Care | 11.58 | 2.79 | 5.00 | 25.00 |
| Relationship with Residents | 12.08 | 2.41 | 4.00 | 20.00 |
| Relationship with Co-Workers | 12.62 | 2.41 | 3.00 | 15.00 |
| Relationship with Supervisor | 27.20 | 4.92 | 7.00 | 35.00 |
| Job Demands | 24.94 | 5.42 | 8.00 | 40.00 |
| Work Schedule | 13.14 | 3.42 | 4.00 | 20.00 |
| Career Advancement | 11.98 | 2.39 | 4.00 | 20.00 |

TABLE IV

Percentage responses to irrational beliefs variable.

| * | 1 | 2 | 3 | 4 | 5 | Mean |
|---|---|---|---|---|---|---|
| 48 | 10% | 34% | 24% | 28% | 4% | 2.82 |
| 49 | 18% | 58% | 4% | 20% | 0% | 2.26 |
| 50 | 0% | 0% | 4% | 26% | 70% | 4.66 |
| 51 | 0% | 6% | 6% | 34% | 54% | 4.36 |
| 52 | 0% | 4% | 6% | 34% | 56% | 4.42 |
| 53 | 0% | 4% | 10% | 34% | 52% | 4.34 |
| 54 | 0% | 8% | 16% | 40% | 36% | 4.04 |
| 55 | 2% | 10% | 14% | 34% | 40% | 4.00 |
| 56 | 0% | 0% | 2% | 28% | 70% | 4.68 |
| 57 | 0% | 4% | 4% | 38% | 50% | 4.22 |

N = 50
1-Strongly Agree
2-Strongly Disagree
3-Neutral
4-Disagree
5-Strongly Disagree
*-numbers in left vertical column correspond to statements on questionnaire

residents than younger workers. Belief in the irrational beliefs statements declined with age as revealed by a positive correlation of .4685. The youngest group of Child Care Workers scored lower, indicating greater belief in the irrational statements than older workers.

The Pearson product-moment correlations between the work-related and irrational beliefs variables also indicated several statistically significant relationships. Those Child Workers who reported the greatest commitment to child care also tended to be satisfied with co-worker relationships and were less likely to hold irrational beliefs. Those who had good co-worker relationships were more likely to report good relationships with their supervisors and less dissatisfaction with the demands of the job. Similarly, a good relationship with one's supervisor was associated with better perceptions of opportunities for career advancement and use of skills in child care practice.

The demands of the Child Care Worker's job were also related to reported satisfaction on the work schedule and career advancement variables. Those who were least satisfied with their work schedule found the job expectations, or work demands, to be too high. Those who reported that the demands were too heavy tended to feel they have less room for career advancement or opportunities to practice their child care skills to the fullest.

The Pearson product-moment correlations between the work related and irrational beliefs variables are presented in Table V.

TABLE V

Pearson product-moment correlations among work-related variables; and between work-related variables and a measure of irrational beliefs.

| | 'r' |
|---|---|
| Relationship with co-workers/ Commitment to Child Care ..... | -0.324 |
| Relationship with supervisor/ Relationship with co-workers ..... | 0.511 |
| Work demands/ Relationship with co-worker ..... | 0.381 |
| Work demands/ Relationship with supervisor ..... | 0.408 |
| Work schedule/ Relationship with residents ..... | 0.376 |
| Work schedule/ Work demands ..... | 0.584 |
| Career advancement/ Relationship with supervisor ..... | 0.568 |
| Irrational beliefs/ Commitment to child care ... | 0.373 |

## Summary

An analysis of variables indicated that the average age of this population of Child Care Workers was 28.9 years, with an average length of 4.4 years of experience in the field. The majority of workers possess a university degree or college diploma and earn between $18,000 and $26,000 per year. One-quarter of the the respondents indicated they plan on leaving the field within two years and nearly all respondents wish to continue their education, most at the university level. There was overwhelming satisfaction amongst the workers with the leadership style of the immediate supervisor. The use of holding or physical restraint as an aversive technique was minimal with workers tending to use time outs as the most prevalent method of dealing with the misbehavior of the children and youth in their care. Most of these workers work with adolescents within large residential government and private treatment settings.

Child Care Workers indicated they are committed to their work. Feelings regarding relationships with resident varied, however they felt good about their relationships with co-workers and immediate supervisors. Attitudes toward work scedules varied and could be best differentiated according to setting. Responses were similarly mixed for the variable opportunity for career advancement and use of skills.

Overall these workers held few irrational beliefs. Those who did tended to be younger and were more likely to answer in

agreement to the first two irrational beliefs statements than other workers.

# V. DISCUSSION, RECOMMENDATIONS FOR FURTHER RESEARCH, AND CONCLUSIONS

## Discussion

This study has shown that Child Care Workers suffer from moderate levels of stress symptomology. These symptoms appeared to be related to certain demographic and work-related variables. For some, symptoms of stress were mediated, to a degree, by the irrational beliefs they held.

Females in this study reported more symptoms of stress than males. The reason for this is unclear. Age was also related to symptoms of stress with the 20 to 24 year old group reporting more of these. Sobesky (1976) states younger Child Care Workers evidence a serious commitment and deep involvment with the children while at the same time many tend to view child care as a temporary occupation prior to moving on to higher career aspirations. He suggests younger workers may find it more difficult to place themselves in an adult authoratarian role, yet are more self-determined in their goals and have higher expectations for their work than their older counterparts. This period of adjustment to being an adult figure to adolescents could be stress-producing. Sobesky's hypothesis about young Child Care Workers is only one explanation for stress affecting the younger workers more, and is not conclusive. It indicates that more research is necessary to understand the connection between age and

symptoms of stress.

In this investigation, many work-related variables were correlated with symptoms of stress. Several studies have found significant correlations between the physical symptomology of stress and work-related variables. Two relevant models have been formulated by Beehr and Newman (1978), and Schuler (cited in Kemery, Mossholder, & Bedeain, 1987). Beehr and Newman present physical symptomology as resulting from role conflict and role ambiguity which in turn creates job dissatisfaction. Schuler views physical symptomology as having a more direct connection to job dissatisfaction. Both agree that work-related stress may eventually lead to a decision to seek employment elsewhere.

In the current study Child Care Workers reported having work demands out of proportion with the time they have to complete them. They indicated they have too much to do and too little time to do it in. Some commented that the unpredictable behavior of the children and youth can often interfere with time allotted for paperwork or quality time spent in the treatment of other disturbed residents.

The relationships Child Care Workers have with co-workers and supervisors appeared significant for alleviating or producing stress. Most of the workers in this study indicated good relationships which may be one factor in lowering their reported levels of stress. Those who reported poorer relationships indicated they experience more symptoms of stress. This finding

is consistent with the contention of Maslach and Pines (1978) that better working relationships with staff are associated with greater liking for the job and a greater sense of success. McClelland (1987) recommends staff meetings as a good place to reinforce these relationships. He suggests these meetings should not only be times to confer about problems with children but should also provide opportunities for staff to socialize informally and give support to one another.

Greater symptoms of stress were reported by those who perceive having little opportunity for career advancement or for making good use of the various skills they possess. McClelland (1986) confirms the link between job satisfaction and advancement on the job, suggesting that having no opportunity for advancement can be a major reason for leaving child care.

Irrational beliefs were also found to be associated with stress in Child Care Workers. Younger workers tended to be most susceptible to these symptoms and also tended to hold more irrational beliefs. No specific research exists on the connection between stress and irrational beliefs although Ellis (cited in Cooper & Payne, 1978) discusses the need for such investigations. Believing that one must, at all times, be loved or approved of, competent and achieving would impact the feelings workers have about their abilities as caregivers. Child Care Work is inherently stressful (Maslach, 1977) and the addition of the 'musts' and 'shoulds' of an irrational beliefs system could

lead to greater expressions of the physical symptomology of stress.

**Recommendations for Further Research**

A number of questions arose for the rearcher in the process of this investigation. These indicate the need for further research into worker stress in the field of child care, and in the mental health profession generally. A few of these questions are listed here and could be addressed in further research.

1. Which symptoms of stress do Child Care Workers experience most due to the nature of their jobs?

This study examined the general symptoms of stress that Child Care Workers experience. Symptoms were grouped together in single items, therefore it was difficult to ascertain specifically which individual symptoms were experienced and to what degree.

2. Why do female Child Care Workers experience more symptoms of stress than male workers?

There are many reasons why this might be the case. One hypothesis is that moale workers may have less difficulty taking an authoritarian role with disturbed children than females. Other reasons may be equally valid however, more research is needed to clarify and address this issue.

3. How do Child Care Workers' relationships with residents, co-workers, and supervisors lead to stress symptoms and how can such stress be effectively remediated?

Relationships on the job can be key sources of stress or can be used to reduce stress. Research needs to address how best to use these relationships to reduce stress on the job.

4. Why do younger Child Care Workers experience greater symptoms of stress?

Irrational beliefs appear to account for some of the stress young workers experience. Sobesky's (1976) 'stage-of-life' theory also suggests some reasons for the connection between stress and young workers however, his theory does not appear to have been tested.

5. What techniques for stress-management can be best utulized for the reduction of stress in child care work?

**Conclusions**

Child Care Workers in this study have indicated they experience symptoms of stress. These are significantly mediated by components of their work and the irrational beliefs many hold. It is important for administrators to recognize these connections and pay closer attention to the needs as well as the thought processes of these workers. The major findings of this study

suggest those most susceptible to stress symptomology are young (20 -24 years), female, and tend to believe in the first two irrational beliefs statements on the questionnaire.

A need for stress-management intervention techniques was indicated by more than half of the respondents. A model for such intervention is discussed by Shannon and Saleeby (1980). Weinrach (1982) suggests the stresses and tensions of workers in the mental health profession can be successfully reduced through the use of techniques derived from Rational Emotive Therapy. Agencies should encourage workers to explore some of the causes of their stress symptomology--i.e. organizational work features and irrational beliefs related to age--and put into effect ongoing preventative and remedial techniques.

Child Care Workers are in the best position to give input into what their needs are and how best these can be met. The issue of stress should be addressed with workers and opportunities provided to share their experiences of successful intervention, through research, workshops, and conferences with others in the field.

## REFERENCES


Allan, R.J. (1983). Human stress: Its nature and control. Mineapolis, Minnesota: Burgess Publishing Company.

Bard, J.A. (1980). Rational emotive therapy in practice. Champagne, Illinois: Research Press.

Barrett, M.C. & McKelvey, J. (1980). Assessing stresses in Child Care Workers. Child Welfare League of America, 59, 5, 277-285.

Beehr, T.A. & Newman, J.E. (1978). Job stress, employee health and organizational effectiveness: A facet analysis, model, and literature review. Personnel Psychology, 31, 665-669.

Beker, J. (1976). Toward the unification of the child care field as a profession. Journal of the Association for the Care of Children in Hospitals, 5, 1, 14-19.

Berube, P. (1984). Professionalization of child care: A Canadian Example. Journal of Child Care, 2, 1, 1-12.

Caplan, R.D., Cobb, S., French, J.R.P., Van Harrison, R.J., & Pinneau, S.R.Jr. (1975). Job demands and worker health. Washington, D.C.: U.S. Department of Health, Education and Welfare.

---

Cash, T.F., Rimm, D.C., & McKinnon, R. (1986). Rational - irrational beliefs and the effects of the Vlten Mood Induction Procedure. Cognitive Therapy and Research, 10, 4, 461-467.

Chesney, A. & Rosenman, R. (1980). Type A behavior in the work setting. In Cooper & Payne (eds.) (1980). Current Concerns in occupational stress (pp. 187-212). New York: John Wiley & Sons.

Cook, M.L. & Patterson, C. (1986). Depressive irrationality. Cognitive Therapy and Research, 10, 3, 293-298.

Cooper, C.L. (1983). Identifying stressors at work: Recent research developments. Journal of Psychosomatic Research, 27, 369-376.

Coyne, J.C. & Gotlieb, I.H. (9183). The role of cognition in depression: A critial appraisal. Psychological Bulletin, 94, 472-505.

Daley, M.R. (1979). Burnout - smouldering problem in protective services. Social Work, 58, 375-379.

Deffenbacher, J.L., Zwemer, W.A., Whisman, M.A., Hill, R.A. & Sloan, R.D. (1986). Irrational beliefs and anxiety. Cognitive Therapy and REsearch, 10, 3, 281-292.

Dickson, J. (1981). Participation: A remedy for work alienation? International Review of Applied Psychology, 30, 87-102.

Dobson, C.B. (1982). Stress: The hidden adversary. Lancaster, England: MTP Press Limited.

Eaton, J.W. Stress and social work practice. In Cooper & Marshall (eds.)(1980). White collar and professional stress (pp. 167-188). New York: John Wiley & Sons.

Edelwich, J. (1980). Burnout: stages of disillusionment in the helping professions. New York: Human Sciences Press.

Ellis, A. (1962). Reason and emotion in psychotherapy. New York: Lyle Stewart.

Ellis, A. (1973). Humanistic psychotherapy: the rational-emotive approach. New York: Julian Press.

Ellis, A. (1977). How to live with--and without--anger. New York: Reader's Digest Press.

Ellis, A. What people do for themselves to cope with stress. In C.L. Cooper & R. Payne (eds.). Stress at work (pp.157-168). Chichester, England: Wiley.

Ellis, A. & Harper, R.A. (1975). A new guide to rational living. New Jersey: Prentice Hall.

Everly, G.A. & Rosenfeld, R. (1981). The nature and treatment of the stress response. New York: Plenum Press.

Farmer, R.E., Monohan, L.H., & Hekeler, R.W. (1984). Stress management for human services. Beverly Hills: SAGE Publications.

French, J.R.P., Caplan, R.D., & Harrison, R.W. (1984). Mechanisms of job stress and strain. New York: Wiley.

Freudenberger, H.J. (1975). The staff burnout syndrome in alternative institutions. Psychotherapy: Theory, Research and Practice, 12, 73-83.

Freudenberger, H.J. (1977). Burnout: Occupational hazard of the Child Care Worker. Child Care Quarterly, 6, 2, 90-91.

Fuqua, R. & Couture, K. (1986). Burnout and locus of control in child day care staff. Child Care Quarterly, 15, 2, 98-109.

Glowinowski, S.P. & Cooper, C.L. (1985). Current issues in organizational stress research. Bulletin of the British Psychological Society, 38, 212-216.

Goldfried, M. & Sobocinski, D. (1975). The effect of irrational beliefs on emotional arousal. Journal of Consulting and Clinical Psychology, 43, 504-510.

Golembiewski, R.T., Munzenrider, R.F., & Stevenson, J.G. (1986). Stress in organizations: Toward a phase model of burnout. New York: Praeger Publishers.

Greenberg, H. (1980). Coping with job stress. Englewood Cliffs, New Jersey: Prentice-Hall, Inc.

Helmer, J. & Griff, M. (1977). Child care work: A definition for the profession. Child Care Quarterly, 6, 2, 144-146.

Himle, D.P., Thyer, B.A., & Papsdorf, J.D. (1982). Relationship between irrational beliefs and anxiety. Cognitive Therapy and Resarch, 6, 219-224.

Isaac, S. & Michael, W.B. (1981). Handbook in research and evaluation. California: EdITS Publishers.

Ivancevich, J.M., & Matteson, J.T. (1984). A type A-B person-work environment interaction model for examining occupational stress and consequences. Human Relations, 37, 491-513.

Johnston, J.H. & Saranson, J.G. (1978). Life stress, depression and anxiety: Internal-external control as a moderator variable. Journal of Psychosomatic Research, 22, 205-208.

Jones, R.G. (1969). A factored measure of Ellis's irrational belief system, with personality and maladjustment correlates. Dissertation Abstracts, 29, 4379-B.

Kemery, E.R., Mossholder, K.W., & Bedeain, A.G. (1987). Role stress, physical symptomology, and turnover intentions: A causal analysis of three alternative specifications. Journal of Occupational Behaviour, 8, 11-23.

Kreuger, M. (1981). Job satisfaction and organizational commitment among child and youth care workers. Journal of Child Care, 2, 3, 17-24.

Lazarus, R.S. (1976). Patterns of adjustment. New York: McGraw-Hill.

Levinson, H. (1981). When executive burnout. Harvard Business Review, May - June, 73-81.

Lohr, J. & Bonge, D. (1979). The Situational Irrational Cognitions Inventory: A second report: Paper presented at the 13th Annual Meeting of the Association for the Advancement of Behaviour Therapy, San Francisco.

Lohr, J. & Bonge, D. (1981). On the distinction between illogical and irrational beliefs and their relationship to anxiety. Psychological Reports, 48, 191-194.

Lowe, G.S. & Nortcott, J.C. (1986). Under pressure: A study of job stress. Toronto: Garamond Press.

MacKay, C.A. & Cox, T. (eds.). (1979). Response to stress: Occupational aspects. Surrey, England: IPC Science and Technology Press Limited.

Madigan, R.J. & Bollenbach, A.K. (1986). The effects of mood on irrational thoughts and views of the world. Cognitive Therapy and Research, 10, 5, 547-562.

Maslach, C. (1978). The client role in staff burnout. Journal of Social Issues, 34, 4, 111-124.

Maslach, C. (1982). Burnout, the cost of caring. Englewood Cliffs, N.J.: Prentice-Hall, Inc.

Maslach, C. & Jackson, S.E. (1981). The measurement of experienced burnout. Journal of Occupational Behaviour, 2, 99-113.

Maslach, C. & Pines, A. (1978). Characteristics of staff burnout in mental health settings. Hospital & Community Psychiatry, 29, 4, 233-237.

Mason, J.B. (1971). A re-evaluation of the concept of non-specificity in stress theory. Journal of Psychiatric Research, 8, 323-333.

Mason, J.B. (1972). Organization of psychoendrocrine mechanisms: A review and reconsideration of research. In Greenfield & Sterbach (eds.). Handbook of Psychophysiology. New York: Holt, Rinehart & Winston.

Mattingly, M.A. (1977a). Symposium: Stress and burnout in child care. Child Care Quarterly, 6, 2, 88-89.

Mattingly, M.A. (1977b). Sources of stress and burnout in professional child care work. Child Care Quarterly, 6, 2, 127-137.

McClelland, J. (1986). Job satisfaction of Child Care Workers: A review. Child Care Quarterly, 15, 2, 82-89.

McCulloch, A. & O'Brien, L. (1986). The organizational determinants of worker burnout. Children and Youth Services Review, 8, 175-190.

McGrath, J.E. (1976). Stress and behaviour in organizations. In M.D. Dunnette (ed.). (1983). Handbook of industrial and organizational psychology (pp. 1351-1395). Chicago: Rand McNally.

Milford, G. & Tobacyk, J. (1985). Intensionality and irrational beliefs. Psychological Reports, 56, 236-238.

Motowildo, S.J., Packard, J.S., & Manning, M.R. (1986). Occupational stress: It's causes and consequences for job performance. Journal of Applied Psychology, 71, 4, 618-629.

Murphy, J.W. & Pardeck, J.T. (1986). The 'burnout syndrome' and management style. The Clinical Supervisor, 4, 4, 35-44.

Nagy, S. (1985). Burnout and selected variables as components of occupational stress. Psychological Reports, 56, 1, 195-200.

Nelson, R.E. (1977). Irrational beliefs in depression. Journal of Consulting & Clinical Psychology, 45, 6, 1190-1191.

Ostby, SS. (1985). A rational-emotive perspective. Journal of Applied Rehabilitation Counselling, 16, 3, 30-33.

Paine, W.S. (ed.). (1982). Job stress and burnout: Research, Theory, and Intervention Perspectives. California: SAGE Publications.

Petrie, K. & Rotherman, M.J. (1982). Insulators against stress: Self-esteem and assertiveness. Psychological Reports, 50, 963-966.

Quick, J.C. & Quick, J.D. (1984). Organizational stress and preventive management. New York: McGraw-Hill.

Ross, A.L. (1984). A study of child care staff turnover. Child Care Quarterly, 13, 3, 209-224.

Sanow, S. & Krahmer, J. (1983). Staff burnout from a social perspective. Children and Youth Services Review, 5, 255-262.

Savick, V. & Cooley, E. (1983). Theoretical and research considerations of burnout. Children and Yourth Services Review, 5, 227-238.

Selye, H. (1974). Stress without distress. Philadelphia: Lippincott.

Schuler, R. (1982). Dealing with the effects of work-related stress. In Kemery, E.R., Mossholder, K.W., & Bedeain, A.G. (1987). Life stress, depression and anxiety: Internal-external control as a moderator variable. Journal of Psychosomatic Research, 22, 205-208.

Shannon, C. & Saleeby, D. (1980). Training Child Care Workers to cope with burnout. Child Welfare League of America, 59, 8, 463-468.

Sobesky, W.E. (1976). 'Youth' as Child Care Workers: The impact of stage of life on clinical effectiveness. Child Care Quarterly, 5, 4, 262-273.

Spielberger, C.D. & Saranson, I.G. (1973). Stress and anxiety. New York: Hemisphere Publishing Corporation.

Spillane, R. (1980). Overseas research developments. In H.L. Bartley (ed.). Stress at work (pp. 36-52). La Trobe University, Department of Psychology, Symposium Series I.

Stout, J.K. & Posner, J.L. (1984). Stress, role ambiguity, and role conflict. Psychological Reports, 55, 747-753.

Townley, K.F. & Thornberg, K.R. (1986). Burnout in infant and toddler child care staff members. Journal of Child and Youth Care Work, 2, 37-51.

Van Sell, M., Brief, A.P., & Schuler, R.S. (1981). Role conflict and role ambiguity: Integration of the literature and directions for future research. Human Relations, 34, 1, 43-71.

Veninga, R.L. & Spradley, J.R. (1981). The work/stress conection: How to cope with job burnout. Boston: Little, Brown, and Company.

Walen, S.R., DiGiuseppe, R., & Wessler, R.L. (1980). A practitioner's guide to rational-emotive therapy. New York: Oxford University Press.

Weinberg, S., Edwards, G., & Garove, W. (1983). Burnout among employees of state residential facilities serving developmentally disabled persons. Children and Youth Services Review, 5, 239-253.

Weinrach, S.G. (1982). Reducing the stresses and tensions of the vocational counselor in the 1980's through the use of RET techniques. International Journal of Advanced Counselling, 5, 237-246.

Woodfolk. R.L. & Richardson, F.D. (1979). Stress, sanity and survival. London: Futura Publications Limited.

Zastrow, C. (1984). Understanding and preventing burnout. Journal of Social Work, 14, 141-155.

Yates, J.E. (1979). Managing stress. New York: AMACOM.

Zurawski, R.M. & Smith, T.W. (1987). Assessing irrational beliefs and emotional distress: Evidence and implications of limited discriminant validity. Journal of Counselling Psychology, 34, 2, 224-227.

Zwemer, W.A. & Deffenbacher, J.L. (1984). Irrational beliefs, anger and anxiety. Journal of Counseling Psychology, 31, 391-393.

# APPENDIX

## QUESTIONNAIRE

## CHILD CARE WORKER STRESS

PART A
PLEASE ANSWER THE FOLLOWING QUESTIONS AND/OR COMMENTS:

1. Gender: _____male _____female

2. Age: _____

3. Years of experience in child care: _____
(exclude unpaid training)

4. What is your highest level of training/education?

_____

5. Yearly income? _____

6. Member of Alberta Association of Child Care Workers:
_____yes _____no

7. How much longer do you plan to remain in the field of child care?

_____

Comment: _____

_____

8. Do you plan on continuing your education/training?
_____yes _____no

If yes, what areas are of interest to you (e.g. conferences, workshops, college, university, etc.)?

_____

_____

9. What age group of children/adolescents do you work with?

_____

10. What type of setting do you work in (e.g. private group home; large residential treatment centre)?

_____

11. Are you an employee of the Alberta Provincial Government?

_____yes no_____

12. How many times on the average (per month) are you involved in, or use, the following techniques:

a) physical restraint (holding): _____

b) isolation techniques : _____
(time out, room confinement)

Comment: _____

_____

_____

_____

12. How do you perceive the leadership/management style of your direct supervisor?

e.g. authoritarian (makes most decisions and delegates accordingly)
democratic (shares decision-making tasks)
laissez-faire (no direct leadership)

_____

_____

_____

_____

_____

14. Briefly describe the behavior of the children/adolescents with whom you work:

_____

_____

_____

_____

PART B
RATE THE FOLLOWING STATEMENTS ACCORDING TO YOUR OWN PERSONAL BELIEF IN THE STATEMENT. SHADE IN THE APPROPRIATE CIRCLE ON THE ANSWER SHEET USING A PENCIL.

1 indicates a STRONG AGREEMENT WITH THE STATEMENT
2 indicates that you AGREE with the statement but not strongly
3 indicates that you are NEUTRAL; neither agree nor disagree
4 indicates a DISAGREEMENT with the statement; but not a strong disagreement
5 indicates a STRONG DISAGREEMENT with the statement

ANSWER ONLY ACCORDING TO HOW YOU FEEL/THINK, NOT HOW YOU THINK YOU SHOULD FEEL OR THINK.

1. I'd advise my son or daughter to become a Child Care Worker.
2. Child Care is one of the finest professions.
3. If I had it to do over again, I'd still be a Child Care Worker.
4. Child Care is a rewarding profession.
5. Child Care is a worthwhile profession.
6. I become angry/impatient when residents do not do what I ask them to do.
7. I become frustrated easily by lack of resident motivation to change.
8. The residents make my job stressful.
9. I feel my fellow Child Care Workers think I am not doing a good job.
10. Disagreement with my fellow Child Care Workers is a problem for me.
11. I get little support from the Child Care Workers with whom I work.
12. I have difficulty in my working relationship with my supervisor.
13. My supervisor makes demands of me that I can't meet.
14. I feel I cannot be myself when I am interacting with my supervisor.
15. I feel my supervisor does not approve of the job I do.
16. I feel I need more direction in my job.
17. I have too much to do, as a Child Care Worker, and not enough time in which to do it.
18. I am unable to keep up with the paperwork (report-writing, goal-planning, etc.)

19. I have difficulty organizing my time to complete tasks.

20. I am not able to spend enough time with children/adolescents I work with because of other job expectations.

21. I put self-imposed demands on myself to meet scheduled deadlines.

22. I think badly of myself for not meeting the demands of my job.

23. I am unable to express my stress to those who place demands on me.

24. Child care work is stressful for me.

25. I work more overtime hours than I like.

26. I am not compensated for my overtime hours.

27. I find shiftwork stressful.

28. There is not enough time off between shifts for rest and relaxation.

29. There is not enough room for career advancement at my workplace.

30. There is not enough room for flexibility and creative child care practice at my workplace.

31. I sometimes feel inadequate in comparison to the skills of my fellow Child Care Workers.

32. The work of the frontline Child Care Worker is well respected by management (administrators/directors).

33. I am not given enough input into the decision-making for my agency.

34. I need more training/education to be a better Child Care Worker.

35. Even a good Child Care Worker may not reach many residents.

36. I find my job tires me out.

37. I am tense by the end of the day.

38. I frequently experience one or more of the following symptoms: stomach aches, backaches, elevated blood pressure, stiff necks and shoulders).

39. I experience headaches.

40. I find myself complaining to others.

41. I often feel frustrated and/or angry.

42. I worry about my job.

43. I feel depressed about my job.

44. I am unable to use an effective method to manage my stress (such as exercise, relaxation techniques, etc.)
45. Stress management techniques would be useful in helping me cope with the demands of the job.
46. I am now using one or more of the following techniques to relieve my stress: alcohol, drugs, yelling, blaming, withdrawing, eating, smoking.
47. I feel powerless to solve my difficulties.

PART C
**PLEASE INDICATE THE LEVEL OF AGREEMENT THAT YOU HAVE WITH THE FOLLOWING IDEAS.**
1 (strongly agree) 2(agree) 3 (neutral) 4 (disagree) 5 (strongly disagree)

48. The idea that you must have love or approval from all of the people who you find significant.

49. The idea that you must prove thoroughly competent, adequate and achieving.

50. The idea that when people act obnoxiously and unfairly, you should blame and damn them and see them as bad, wicked, or rotten individuals.

51. The idea that you have to view things as awful, terrible, horrible, and catastrophic when you get seriously frustrated, treated unfairly, or

52. The idea that emotional misery comes from external pressures and you have little ability to control or change your feelings.

53. The idea that if something seems dangerous or fearsome,. you must pre-occupy yourself with and make yourself anxious about it.

54. The idea that you can more easily avoid facing life's difficulties and self responsibilities than undertake more rewarding forms of self discipline.

55. The idea that your past remain all important and that because something once strongly influenced your life, it has to keep determining your feelings today.

56. The idea that people and things should turn out better than they do and that you must view life as awful and horrible if you do not find any good solutions to life's realities.

57. The idea that you can achieve maximum human happiness by inertia and inaction, or by passively or uncommittedly "enjoying yourself."

--THANK YOU FOR YOUR COOPERATION IN FILLING OUT THIS QUESTIONNAIRE--